

Case Number:	CM15-0202322		
Date Assigned:	10/19/2015	Date of Injury:	06/08/1996
Decision Date:	12/01/2015	UR Denial Date:	09/19/2015
Priority:	Standard	Application Received:	10/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 46 year old male with a date of injury of June 8, 1996. A review of the medical records indicates that the injured worker is undergoing treatment for left knee medial meniscus tear, left knee lateral meniscus tear, radiculopathy of the lumbar spine, and multilevel disc herniations of the lumbar spine. Medical records dated May 28, 2015 indicate that the injured worker complained of lumbar spine pain rated at a level of 7 out of 10 radiating down the right leg to the foot, and left knee pain rated at a level of 7 to 8 out of 10 with weakness and tingling and a feeling that the knee is going to give out. A progress note dated September 2, 2015 documented complaints similar to those reported on May 28, 2015. Per the treating physician (September 2, 2015), the employee was temporarily totally disabled. The physical exam dated May 28, 2015 reveals limited range of motion of the lumbar spine, unable to toe or heel walk due to knee issues, use of a cane, decreased range of motion of the left knee, positive medial joint tenderness, and an antalgic gait. The progress note dated September 2, 2015 documented a physical examination that showed no changes since the examination performed on May 28, 2015 with the addition of positive lumbar paraspinal tenderness to percussion. Treatment has included medications (Tramadol since at least January of 2015, and Naproxen), and a history of physical therapy. Recent urine drug screen results were not documented in the submitted records. The original utilization review (September 19, 2015) partially certified a request for Tramadol 50mg #22 (original request for #30 with two refills).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Tramadol 50mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: Tramadol 50mg #30 with 2 refills. Tramadol is not medically necessary per the MTUS Guidelines. The MTUS states that Tramadol is a synthetic opioid affecting the central nervous system. The MTUS states that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation reveals that the patient has been on long-term opioids without significant evidence of functional improvement and with persistent high pain levels therefore the request for continued Tramadol is not medically necessary.